



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York

12237

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

August 26, 2002

Sue Kelly
Associate Regional Administrator
Division of Medicaid and State Operations
Centers for Medicare and Medicaid Services
Federal Building 38th Floor
26 Federal Plaza
New York, New York 10278

Dear Ms. Kelly:

I am responding to your August 1, 2002 letter in which you ask for additional information regarding our request to renew the New York Non-Emergency Transportation Program. The waiver, permitted pursuant to Section 1915(b)(4) of the Social Security Act, allows the Department to more cost-effectively provide transportation for Medicaid recipients who need access to medical care and services. The following responses are provided regarding the questions and comments in your letter:

Question 1:

Page 8. J. Distance/Travel Times: Is there a limit on the number of pickups per ride? Is there a standard for the amount of time the driver must wait for a rider?

Response:

There is no limit on the number of pickups per ride. This is predicated on the size of the vehicle and proximity of recipients to one and other.

We have not established a standard amount of time for the driver to wait for a ride. Recipients are given a certain time span, typically 20 minutes, in which to expect the driver to arrive. Recipients are expected to be ready to exit the building and begin the trip when the driver arrives.

Question 2:

Page 9. K. Independent Assessment: Since there are new districts which will be included in this waiver, the State should continue to conduct an independent assessment of the waiver effectiveness as it has done in previous years.

Response:

The State will continue to conduct an independent assessment of the waiver's effectiveness, and submit the results of the assessment to the Centers for Medicare and Medicaid Services (CMS) prior to the end of the renewal period. A new reporting form has been developed to aid the State in conducting this assessment.

Question 3:

Page 10. Description of Current Waiver Initiatives, #4. This section discusses Allegany County and its 1999 submission and being pended while CMS and SDOH discuss the future of the waiver program. CMS has no records of approving this county to participate in the waiver program. We do have correspondence of requests for additional information (RAI) advising the State that the clock will restart upon receipt of complete responses to the RAI. We have no record of this being completed. We have copies of correspondence to the State and to CMS, from Transportation providers covering this county, that imply that the waiver is operational in Allegany County. These letters also allege that possible double billing for transportation services may have occurred.

Response:

There are a number of complex problems with the Allegany County transportation waiver request. As noted below, we have been working to resolve these problems, however we are requesting that the Allegany County waiver not be considered as part of the waiver renewal request at this time. When the State and Allegany County have resolved all the outstanding issues, and a cost efficient waiver which addresses these issues is developed, the State will submit a new application to CMS for approval of a transportation waiver for this county. We have attempted to answer your questions as discussed below, but are withdrawing the proposal for this county at this time.

- a. Has the State performed an audit to see if any double billing occurred in this county? What is the status of the waiver in this county?

Response:

The State has thoroughly investigated the complaints of the two transportation providers who have been adversely impacted financially by the current Medicaid transportation program in Allegany County.

The State expected that all nonemergency costs were to be paid by the coordinator using funds received through the compensation. However, Allegany County DSS intended to phase-in the reimbursement of costs of nonemergency ambulance transportation over the period of the contract (3 years, to end December, 2002). This phase-in period is meant to allow the coordinator time to develop the routing and coordination necessary for success in this rural county.

The contractual payment by the county to the coordinator included the costs of non-emergency ambulance. Because the county took over the payment of non-emergency transportation in August, 2000, via fee for service, we have directed Allegany County to recover the portion of the monthly coordination payment attributable to non-emergency services from the coordinator for the period January 2000 through August 15, 2000.

The State does not believe that double billing has occurred. However, payment was being made for the services to individual providers, as well as the coordinator, for this period of time. There does not appear to be any indication of fraud, but rather inappropriate payments made by the county.

b. Has the county in fact implemented the waiver? If yes, under what approval authority is the county restricting freedom of choice of provider?

Response:

Allegany County DSS implemented the waiver in January 2000. Through a series of misunderstandings, involving the county, state and federal government entities, this waiver had not been formally approved by the State or CMS.

A brief summation of the background follows:

During the summer of 1999, the State received an application from Allegany County DSS seeking waiver authority. The State refined the application with Allegany County DSS input, and forwarded the application to CMS. In October 1999, CMS requested a different application format be used. In October 1999, Allegany County DSS submitted this new application, in the requested format, to the State. Allegany's new application was prepared for submission to CMS but was misplaced and not actually forwarded to CMS until April of 2000.

In November 2000, CMS responded with questions on the application. However, in December 2000, the waiver application process was suspended in order to pursue a State statutory change to make transportation an administrative cost, per guidance of CMS staff. CMS encouraged this change in order to eliminate the need for

waiver authority. With the belief that waiver authority would not be required in the future, the State suspended its work on the Allegany waiver review and approval process.

The State began the complex process of getting statutory change, which would allow the counties to operate the transportation waivers without requiring the Federal waiver approval process. In a November 20, 2001 conference call with CMS staff, the State requested CMS formal support for the use of administrative funding for these transportation waivers. On January 15, 2002, CMS stated they could not support the State's use of administrative funding for waiver counties, and that the waiver authority would need to be maintained for existing programs and sought for new programs.

Throughout this period, Allegany County DSS mistakenly believed that their initial submission to CMS was all that was required in order to secure waiver authority, and had gone forward with procuring and using a coordinator of Medicaid transportation services.

c. What correspondence has been provided to the county granting approval?

Response:

There is no correspondence to Allegany County DSS granting approval.

d. Was a request for proposal or some other bidding process undertaken to select the transportation provider being used in the county?

Response:

A competitive request for proposal process was completed by Allegany County. According to Allegany County staff, three separate proposals were received.

e. What is the State doing to look into and resolve the issues raised by the transportation providers serving Allegany County?

Response:

Upon receipt of a June 11, 2001 letter from two providers alleging issues with the Allegany County waiver, the State began a series of meetings and telephone conference calls with Allegany County to determine the facts and an appropriate resolution of the issues raised. Additionally, the State performed a site visit on July 24, 2002, and held separate discussions with the Commissioner of Allegany County DSS and her staff, the coordinator of Medicaid transportation services, and the owners of the two transportation companies referred to above. The purpose was twofold:

1. To investigate the effectiveness and quality of the transportation program; and
2. To determine the validity of the outstanding financial claims made by the two transportation companies.

The State determined that while overall an effective, quality transportation system has been established that is delivering necessary transportation to recipients in Allegany County, there were several issues, which needed to be addressed. The State also found some basis for the complaints of the two transportation companies, and identified additional errors which need to be corrected. The State has drafted instructions to Allegany County DSS on the resolution of these issues, and is directing the county to cease operation of the waiver until the problems are corrected.

Question 4:

Page 10. 2. Regarding two new initiatives, Orange and Steuben, when will these applications from the districts to the State be submitted to CMS for review? Is the information in the renewal request to be considered the official request or will some other waiver request for these two counties be submitted for review? Information from these applications is needed for CMS to review the State's request to implement programs in these districts.

Response:

The State considered the information contained in our June renewal request to be sufficient to apply to all waivers, including the new Orange and Steuben County requests. The general information included in the standard format, which applies to all waivers, combined with the county-specific descriptions, was meant to meet the needs of CMS. If the information should be presented in a different format, please provide guidance, and the State will respond.

Both waiver initiatives are scheduled to begin in January 2003. However, each county has been instructed not to implement their waiver until CMS approval is received.

Question 5:

Page 11. The middle paragraph states "When the recipient will experience a financial hardship due to the level of incurred transportation expenses, the Department will arrange and pay for transportation services in order to eliminate this barrier and to make accessible necessary medical care and services." How does the Department define "financial hardship?" Please describe the process that is undertaken to make this determination.

Response:

Since the original renewal request, a court decision has been rendered very recently which will prohibit the application of the Department of Health regulation (Title 18) 505.10 (b)(22) regarding the use of financial hardship as criteria for prior authorization of transportation. Thus all NYS counties, whether or not under a waiver, will no longer be applying this criterion. Notices to counties regarding this change are being finalized by the State for timely distribution to counties.

Districts will continue to follow all other prior authorization criteria, which require that prior authorization be granted when payment for the transportation expenses is essential for the Medicaid recipient to obtain necessary medical care and services.

Question 6:

Page 11. #1. Notification Process: You state that the written explanation of the new system will be mailed to all users of transportation. How do you determine who is a user of transportation? Why isn't a notification sent to all potentially eligible Medicaid recipients? Are notifications posted in areas where potential eligibles receive services, such as doctor offices, etc? Do the procedures to be followed to receive services vary by district? Please describe these procedures.

Response:

Transportation users lists are developed by each local department of social services (district), which maintains a database of recipients who request or use transportation services. When any change in the method of receiving transportation services occurs, districts will notify these recipients of changes and expectations of users in accessing transportation services. Because only a percentage of recipients require transportation, the appropriate information is directed to users who need the information.

However, all recipients are made aware of the availability and appropriate use of Medicaid transportation services. The initial information is provided during eligibility interviews and when the county receives requests for transportation services. All recipients are provided information about the process of transportation approval when they make an initial inquiry, and given the telephone number to call when transportation services are to be requested.

Information about transportation services is typically posted at the district office. It would be unusual for this information to be located at the site of medical practitioner, when the county has no control over such postings.

The procedure to request information is generally the same for every district. A recipient must initiate the contact by making a telephone call to either the county or the coordinator, at which time pertinent information is given. If district staff cannot determine the proper mode of transportation, the medical practitioner is contacted to

supply needed mobility information. If Medicaid transportation services are determined necessary, an authorization is then given for the transport.

Question 7:

Please describe the prior authorization process. If this varies by district, please provide details on the various methods used in each district.

Response:

Steps in the prior authorization process:

1. Recipient contacts either district staff or the coordinator, using the advertised telephone number.
2. Pertinent information is taken, including pick up and drop off locations.
3. Medicaid eligibility is verified. Eligibility for transportation services is approved.
4. If district staff is contacted, recipient information is forwarded to coordinator to schedule transportation.
5. If mode of transportation needs to be determined, the medical practitioner is contacted and asked for information on mobility of recipient.
6. Recipient is notified of pick up date and time.

Question 8:

Page 12. Please provide an example of an initial notification letter from a district.

Response:

Initial notification comes at the time of application or recertification. An example of a notification letter for recipients is enclosed in Attachment A, "Important Notice for Ontario County Medicaid Recipients Who Need Transportation to Medical Appointments." For new recipients, this information is disseminated during the initial enrollment period.

Question 9

Page 15. b. Please provide the assurance that a transportation provider cannot refuse to provide services to a waiver participant.

Response:

The State assures that a transportation company must be willing to deliver requested transportation of a waiver recipient when open for business and a vehicle is available, and will not discriminate against a participant solely on the basis of age, sex, race, physical or mental handicap, national origin, or type of illness or condition.

The MMIS Transportation Provider Manual cites, in section 2.1.20, Civil Rights, "Public Law 88-352, the Civil Rights Act of 1964 as amended in 1972, Section 601, and Rehabilitation Act of 1973, as follows: No person in the United State shall, on the ground of race, color, national origin, age, sex, religion, or handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

This is a condition of participation in the Medicaid program. The county or the coordinator will investigate any complaints of discriminatory practice and refer to the State for appropriate action.

Question 10:

Page 18. 1. Service Access Areas, last paragraph. How do you define when it is necessary to counsel recipients on the effective means of requesting the appropriate mode of transportation services? Is there any initial counseling?

Response:

Use of the term counseling was not intended to suggest a formal session on transportation services. During initial enrollment and recertification recipients are given education and guidance on procedures to follow to secure transportation services. One of the benefits in the waiver is the use of a coordinator who further educates the recipient on the process to obtain appropriate transportation so future requests are routine and efficient.

Question 11:

Page 18, Section IV. B. Monitoring Access. #2. What is the time frame for the State to visit each district following approval of the renewal? What will the State be examining during these site visits?

Response:

The State has begun site visits and is refining the process of reviews. All transportation waiver districts will be visited by the end of 2002.

The State will investigate:

- District satisfaction with the waiver.
- Process for and nature of recipient grievances and complaints, and resolution of those grievances and complaints.
- Process for recipients to request transportation services.
- Coordinator capacity to respond to requests.
- Ability of coordinator to route transports.
- The cleanliness of vehicles.
- Process for payment of subcontractors by the coordinator.

Question 12:

Page 19. C. Complaints and Grievances. Is there a timeline for resolution of complaints and grievances? How long must a recipient wait for provider resolution before they are allowed to bring their complaint to district staff? What is the timeline for the district to resolve complaints and grievances? How are recipients notified/educated about their right to a fair hearing and other steps in the grievance process?

Response:

There is no timeline for resolution of complaints. Districts are directed that complaints are to be acted upon immediately. The coordinator or the county maintains a complaint log, depending upon the specific arrangement in the county. In either case, the county monitors the occurrences of complaints to assure high quality of services.

If a recipient is denied a service through the prior authorization process, a written copy of the denial, and the recipient's rights to a grievance and fair hearing are provided in writing. The information provides details as to how to appeal a negative decision, and all rights of the recipients related to the hearing process.

Information regarding a fair hearing, including the specific steps needed to request a fair hearing, is contained in the written documents given to every Medicaid recipient during application. The waiver does not interfere with the notification process established for all recipients to request a fair hearing. This notification process occurs in every district, regardless of the implementation of a transportation waiver.

Question 13:

Please revise your cost effectiveness tables located in Appendix F for each District and provide, on a PMPM (per capita) basis, as well as in the aggregate, the following information:

- A. Actual expenditures for the previous period compared to without waiver estimates.
- B. The estimated with waiver expenditures for the renewal period compared to without waiver estimates.

Please revise the tables to show total savings only for FY **2003** and **FY 2004**, the actual years for the two-year renewal period.

Response:

The tables have been revised, as discussed with Julie Jones of CMS, and are contained in Attachment B. Due to the State decision to withdraw the Allegany County application, the State has removed the Allegany County table.

The tables now reflect the total savings only for years 2003 and 2004.

Question **14**:

In place of the current savings table on page **24**, please summarize this information into a table, similar to the one attached, which includes information for all Districts as well as savings over the two year waiver period.

Response:

The revised savings table is contained in Attachment C, "Revised Savings Table." This table reflects the deletion of the Allegany County application.

Question **15**:

Please provide **information/justification** of the trend increases that you are requesting for your "without waiver" baseline for each of the districts.

Response:

For each of the years prior to September 30, 2000, the State calculated the percent increase for all Medicaid expenditures, between the first year of the waiver to the federal fiscal year 2000. The source of this information is the Department of Health's On-Line Surveillance and Utilization Review Information Retrieval System.

For the two-year period of 2001 and 2002, the State used the percent increase for all Medicaid expenditures, as projected by the Department of Health’s Fiscal Management Group, Department of Health. For 2001, the percentage was 7.2%, 2002, 7.8%.

For the two year period of 2003 and 2004, absent Fiscal Management Group projection, Department of Health staff used a conservative estimate of future Medicaid spending, 5% for each of the two years.

Question 16:

It appears that each district pays a lump sum to each county (read as coordinator) to manage non-emergency transportation (NET) services, and then the district (read as coordinator) **arranges/pays** for each NET service. Is the lump sum paid out on a per capita basis or is it an aggregate amount? How is this payment amount determined? Is it a monthly or yearly payment? Is it determined prospectively? If it is an aggregate amount, how does the State reconcile the payment to actual expenditures (i.e. actual services provided)? If this arrangement varies by county, please provide a table, which indicates the payment method in each district.

Response, for all districts except Oswego:

The payment amount is determined prior to implementation of the waiver program. The coordinator agrees to accept an aggregate amount of money, which represents the costs of arranging for, and reimbursing the costs of those transportation services approved under the waiver for all Medicaid recipients in the district.

The payment amount is a flat payment, and is not based upon the provision of individual service. The underlying principle is that the coordinator is willing to take the risk of managing all transportation services for a flat fee, similar to managed care. The amount agreed upon is less than the aggregate amount that would have been paid for the same transportation in a fee-for-service setting, in which recipient freedom of choice is applicable. The agreed upon amount is prospective.

On a monthly basis, the coordinator will send a voucher to the district, for 1/12 the aggregate total. This reimbursement made to the coordinator represents payment in full for the actual cost of transportation, plus the cost of coordination. The district reimburses the same amount, regardless whether there is a surplus or deficit incurred by the coordinator.

As part of the contract, the provider sends regular reports delineated by recipient specific services provided, which acts as a tool to monitor actual service usage.

All districts use this approach, except Oswego.

Response, for Oswego:

For non-emergency ambulance, wheelchair van, taxi and bus transports, reimbursement is made at a set amount per one-way trip basis, currently \$21 per one way trip.

On a monthly basis, the coordinator vouchers the district for every transport delivered, at the \$21 amount. This amount is the same amount, regardless of the mode of transportation used. In turn, the coordinator reimburses the subcontractors.

Question 17:

Please provide information explaining how the contractors are paid. This explanation should follow the funds for all levels, i.e. State draw down of federal dollars, State payment to county, county payment to contractor. How are the contractors paid, annually, quarterly, what initiates payment to the contractor?

Response:

On a monthly basis, payments are initiated by the contractor submitting a voucher to the district. The district sends a check for the monthly amount to the contractor. The district then claims the reimbursement to the State on a claiming schedule for Medicaid. In turn, the district is paid by the State three months after the period of expenditure. For example, expenditure made in June is filed in July and settled/paid by the State in September.

The State would draw down the Federal funds, therefore, in September.

Question 18:

Federal procurement rules state that, to the maximum extent practical, contracts should be awarded through an open procurement process. Were the district providers selected through an open procurement process? If not, please explain the appropriateness for setting an exception to the open procurement process.

Response:

All contracts were awarded through an open procurement process, except for the following:

- Under the Albany, Schenectady, and Rensselaer waiver, a New York State Transportation Authority, called the Capital District Transportation Authority, is used as the coordinator. Since this authority is a governmental agency, an open procurement process was not required. In its place, a memorandum of understanding was signed by each of the pertinent top government officials in the three districts with the coordinator.

Question 19:

Appendix C, Page 4. 3rd paragraph, 3rd sentence. How do counties determine what is a valid grievance or complaint?

Response:

Your question refers to information written by the author of the independent evaluation. The State does not have knowledge of what interview the evaluator conducted, and how the interviewer interpreted the response, to make this determination.

The State requires that all grievances and complaints of recipients be investigated. The process for a recipient to grieve an action or inaction, documentation of grievances and complaints, and resolution of those grievances and complaints, are part of the site visit to be conducted by the end of 2002.

Question 20:

Appendix F, Allegany County, Page 4. When was the contract signed with Allegany County Transit (ACT)? Was there an RFP or bidding process to select the contractor?

Response:

The contract between Allegany County and Allegany County Transit was signed October 26, 1999.

There was a competitive request for proposal process used to secure coordination services. Three separate proposals were received by Allegany County.

How many subcontracts did ACT undertake during their term as the contractor and how many subcontracts does ACT currently have? What is the frequency of making arrangements with the subcontractors to provide services? How are payments to subcontractors monitored?

Response:

ACT has used and continues to use 14 different vendors. ACT maintains no written contract with the vendors.

Vendors are used when recipients are unable to access ACT vehicles. The appropriate mode vendor is used who will provide efficient, safe, and reliable service.

Allegany County monitors the delivery of transports, by comparing the roster of completed trips submitted to the district on a monthly basis to the trip requests sent to

ACT by the district. The payments made by ACT to vendors for services rendered are not monitored by Allegany County.

The narrative implies that the initiative is under way. Is the initiative and the waiver the same thing? As written, it appears to imply that is the case. The narrative also states that the selected coordinator, ACT, was to reimburse for non-emergency ambulance services from the approved amount paid to them. The county assumed this would be phased in over time ending in 2002. As written, it appears to state that the county is now reimbursing for non-emergency ambulance during the phase-in time period. Are these services different than those that ACT was already paid to coordinate? What is the status of the discussions with the county to resolve the matter?

Response:

The use of the terms waiver and initiative are interchangeable. For purposes of clarity, we have consistently used the term "waiver" in this document.

ACT has been and continues to coordinate non-emergency ambulance transportation services. The issue is the payment of these services. Currently, the district is reimbursing the cost of these ambulance services on a fee-for-service basis. Either the reimbursement of these costs will be phased in by the end of 2002, or the monthly fee paid to ACT will be reduced by an amount representing the cost of reimbursement of non-emergency ambulance service.

The State continues to have discussions with and has drafted a response to Allegany County, and expects a resolution of these issues soon.

While the table, showing anticipated savings for the program shows projected savings in the 3 years of the renewal, the first two years show a deficit. In 2000 and 2001 the county over spent the target expenditures. How has the county demonstrated to the State that they will be able to meet the target expenditures and operate the program at a savings? Even with the projected savings at the end of the 5 years of the program, the county is still operating at a deficit.

Response:

Our analysis shows that, with increased operations and efficiencies, for the years 2002 onward, the waiver coordination process would reduce the costs the projected costs under a fee-for-service setting. For each of these years, the incurred savings decreases the net deficit of previous years.

However, as stated in our response to question 3.e., a number of issues remain unresolved. Therefore, the State asks that the Allegany waiver not be considered at this time. When the State has resolved all the outstanding issues, and a cost efficient

waiver is proposed, the State will submit a new application to CMS for approval of a waiver.

Question 21:

Chautauqua County: What services are subcontracted out?

Response:

The coordinator subcontracts:

- after hours transportation, i.e., transportation that is needed during evening, weekend, and holiday hours; and,
- transportation which is greater than the coordinator capacity, when the coordinator is providing the transportation service.

Question 22:

Oswego County: In the costs analysis section, you state that the amount paid is based on one way trip basis. Does this mean that each trip that would constitute a round trip is paid for each segment of the trip, or is the full trip paid based on a one way basis?

Response:

A one-way trip will be reimbursed at the established amount. A roundtrip will be reimbursed double the established amount. For example, in 2002, the one-way amount is \$21. For a roundtrip, the district reimburses \$42.

If you have any questions about our waiver renewal application, please contact Timothy Perry-Coon of my staff at (518) 474-9219. Thank you for your consideration.

Sincerely,

S/s KK 8/26/02

Kathryn Kuhmerker

Deputy Commissioner
Office of Medicaid Management

Enclosure

cc: Mr. Melendez

Attachment A

Important Notice for Ontario County Medicaid Recipients Who Need Transportation to Medical Appointments

**IMPORTANT NOTICE FOR ONTARIO COUNTY MEDICAID RECIPIENTS WHO
NEED TRANSPORTATION TO MEDICAL APPOINTMENTS**

If you **are** unable to get to your medical appointments on your own and **are on** Medicaid, Ontario County will help you. Effective July 1, 2002, Medicaid Transportation Services in Ontario County are obtained as follows:

1. Please call to schedule Medicaid Transportation.

For all nonemergency transportation services, including bus transport, please call the Transportation Office at least **three** business days in advance to arrange the transport. The phone numbers follow:

396-4067 or toll-free at 1-800-814-6907

For urgent care, due to and unexpected illness or injury, please call the Transportation Office immediately.

2. Please call to confirm need.

You must confirm the need for transportation by 2:00 P.M. the day before it is scheduled. This will insure that your trip is scheduled and that **your** trip is still needed. Please call on Friday if the trip is on the following Monday. The phone numbers follow:

394-2250, or toll-free 1-800-667-2287

When you call to confirm the trip, you will receive an estimated time for pick-up.

3. Please call to cancel trip.

We depend on you to keep your transportation appointment or to cancel the appointment. **By canceling trips in advance, you will remain in good standing so that future trips may be scheduled.**

~~Are they denying trips if they don't call back?~~

need to take out, (see pg. 18)

Please call the following numbers as soon as a scheduled trip is no **longer** needed. The phone numbers follow:

394-2250, or toll-free 1-800-667-2287

If you fail to cancel an unneeded trip, the following action will be taken:

- If you did not appear for scheduled transport, you will receive a warning letter.
 - If you do not appear for scheduled transport for a second time within 2 months, you will need to schedule a meeting with the Transportation Office to review the transportation procedures. Please call 396-4067.
- If they attend the mtg, will transportation be reinstated
- You will receive information on the Fair Hearing process.

Use of Bus Service:

Bus transport is a covered Medicaid service. We expect that you will use fixed route bus service since most streets in the cities of Canandaigua and Geneva are within $\frac{3}{4}$ of a mile from a fixed route. We will help you to use the bus schedule if needed.

When the bus is used, you may have to arrive at your appointment more than $\frac{1}{2}$ hour ahead of time and may have more than a $\frac{1}{2}$ hour wait for the bus after the appointment.

If you are not able to walk to the bus route, please call the Transportation Office at 396-4067. Your physician will need to complete a statement explaining why bus service is not acceptable.

Monroe County Appointments

We expect that most medical appointments will be within Ontario County. If the appointment is in Monroe County, public transportation is available to some Monroe County medical facilities,

We expect that you will use public transportation when available. Please call the Transportation Office at 394-2250 for help in determining when to schedule your appointments so that public transportation is used.


If you have questions on this policy or need to report a transportation problem, please call 396-4067. By following these procedures, we will be able to provide effective transportation services to the residents of Ontario County.

Commissioner, Ontario County
Date:



Attachment B

Revised Cost Effectiveness Tables

Albany, Schenectady & Rensselaer Counties Initiative

Anticipated Expenditures w/o Waiver, 1999' 

\$2,141,585

Year 	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services'	4.5%	7.2%	7.8%	5.0%	5.0%
I. Annual % Increase Due To Changes in Transportation Utilization ³	61.0%	14.1%	NA	NA	NA
J. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	61.0%	75.1%	82.9%	87.9%	92.9%
k. NYSDOH Medicaid Annual % Increase Adjustment (Casts For 1999 Year * Line 3)	\$1,306,367	\$1,608,330	\$1,775,374	\$1,882,453	\$1,989,532
i. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	\$3,447,952	\$3,749,915	\$3,916,959	\$4,024,038	4,131,117
ia. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2000 = 56,714' (Line 5/ Monthly Medicaid Enrollees)/12 months			\$5.76	\$5.91	\$6.07
i. Target Expenditures (-5%) (Line 5 *95%)	\$3,275,554	\$3,562,420	\$3,721 ,111	\$3,822,836	3,924,562
ia. Anticipated Expenditures with Waiver Implemenbtion On a Per Member Per Month Basis (Line 6/ Monthly Medicaid Enrollees)/12 months			\$5.47	\$5.62	95.77
l. Actual Expenditures	\$3,420,198	\$3,547,920			
j. Difference Between Anticipated w/o Waiver Implementation and Target or Actual Expenditures (Annual Savings) (Line 5 -Line 6, or Line 5 - Line 7)	\$27,754	\$201,995	\$195,848	\$201,202	\$206,556
Total Savings For Renewal Period Years 2003 & 2004 Only 					\$407.758

¹This was the amount listed in the evaluation of waiver. submitted to CMS September, 2001.

² Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.
2001-02 Percentage Used by Fiscal Management Group, Department of Health.
2003-04 Percentage is Program Staffs Conservative Estimate of Future Medicaid Spending.

³ This represents unanticipated cost increases due to changes in utilization of transportation services.

⁴Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000
Source: On-line SURS Information Retrieval System
NA= Not Applicable

Chautauqua County Initiative

Year	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services ²	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes In Transportation Utilization ³	35.8%	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	35.8%	43.0%	50.8%	55.8% ¹	60.8%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1999 Year * Line 3)	\$350,825	\$421,382	\$497,818	\$546,816	\$595,814
5. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	\$1,330,782	\$1,401,339	\$1,477,775	\$1,526,773	\$1,575,771
5a. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2000 = 17,951 ⁴ (Line 5/ Monthly Medicaid Enrollees)/12 months			\$5.86	57.09	\$7.32
6. Target Expenditures (-5%) (Line 5 *95%)	\$1,264,243	\$1,337,272	\$1,403,886	\$1,450,434	\$1,496,982
6a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 6/ Monthly Medicaid Enrollees)/12 months			\$6.52	\$6.73	\$6.95
7. Actual Expenditures	\$1,287,808	\$1,287,806			
8. Difference Between Anticipated w/o Waiver Implementation and Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$42,976	\$113,533	573,889	\$76,339	\$78,789
Total Savings For Renewal Period Years 2003 & 2004 Only					5155,127

¹This was the amount listed in the evaluation of waiver, submitted to CMS September, 2001.

²Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.

200142 Percentage Used by Fiscal Management Group, Department of Health.

³2003-04 Percentage is Program Staffs Conservative Estimate of Future Medicaid Spending

⁴This represents anticipated cost increases due to changes in utilization of transportation services.

⁴Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000

Source: On-line SURS Information Retrieval System

NA= Not Applicable

Chenango County Initiative

Anticipated Expendituresw/o Waiver, 1999¹ —————> \$541,366

Year —————>			2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services ²			7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes in Transportation Utilization ³	NA	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	4.5%	11.7%	19.5%	24.5%	29.5%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1999 Year * Une3)	\$24,361	\$63,340	\$105,566	\$132,635	\$159,703
5. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	\$565,727	\$604,706	\$646,932	\$674,001	\$701,069
5a. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2000 = 6,106 ⁴ (Line 5/ Monthly Medicaid Enrollees)/12 months			\$8.83	\$9.20	\$9.57
6. Target Expenditures (-10%) (Line 5 * 90%)	5509,155	\$544,235	\$582,239	\$606,601	\$630,962
6a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 6/ Monthly Medicaid Enrollees)/12 months			\$7.95	\$8.28	\$8.61
7. Actual Expenditures	\$450,000	\$450,000			
8. Difference Between Anticipated w/o Waiver Implementation and Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6 or Line 5 - Line 7)	\$115,727	\$154,706	\$64,693	\$67,400	\$70,107
Total Savings For Renewal Period Years 2003 & 2004 Only —————					\$137,507

¹This was the amount listed in the evaluation of waiver, submitted to CMS September, 2001.

² Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.

³ 2001-02 Percentage Used by Fiscal Management Group, Department of Health.

⁴ 2003-04 Percentage is Program Staffs Conservative Estimate of Future Medicaid Spending.

⁵ This represents unanticipated cost increases due to changes in utilization of transportation services.

⁶ Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000

Source: On-line SURS Information Retrieval System

NA= Not Applicable

Greene County Initiative

Anticipated Expenditures w/o Waiver, 1999¹ —————> \$321,767

Year —————>	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services ²	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes In Transportation Utilization ³	29.0%	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	29.0%	36.2%	44.0%	49.0%	54.0%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1999 Year * Line 3)	\$93,313	\$116,480	\$141,578	\$157,666	\$173,754
5. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	\$415,080	\$438,247	\$463,345	\$479,433	\$495,522
5a. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2000 = 4,584 ⁴ (Line 5/ Monthly Medicaid Enrollees)/12 months			\$8.46	\$8.75	\$9.05
6. Target Expenditures (-5%) (Line 5 * 95%)	5394,326	\$416,335	\$440,176	\$455,462	\$470,746
6a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 6/ Monthly Medicaid Enrollees)/12 months			\$8.04	\$8.32	\$8.60
7. Actual Expenditures	\$333,784	\$412,344			
8. Difference Between Anticipated w/o Waiver Implementation and Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6. or Line 5 - Line 7)	\$81,296	\$25,903	\$23,167	\$23,972	\$24,776
Total Savings For Renewal Period Years 2003 & 2004 —————>					\$48,748

¹ This was the amount listed in the evaluation of waiver, submitted to CMS September, 2001

² Percent Increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System

2001-02 Percentage Used by Fiscal Management Group, Department of Health.

2003-04 Percentage is Program Staff's Conservative Estimate of Future Medicaid Spending.

³ This represents unanticipated cost increases due to changes in utilization of transportation services.

⁴ Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000

Source: On-line SURS Information Retrieval System

NA= Not Applicable

Herkimer County initiative

Anticipated Expendituresw/o Waiver, 1999' -----> \$853,844

Yr -----	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services ²	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Duo To Changes In TransportationUtilization ³	NA 4.5%	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1or, ifapplicable, Line 2)		11.7%	19.5%	24.5%	29.5%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs ForStartup Year.* Line3)	\$38,423	\$99,900	\$166,500	\$209,192	\$251,884
5. Anticipated Expenditures w/o Waiver Implementation (Costs For Startup Year + Line 4)	\$892,287	\$953,744	\$1,020,344	\$1,083,036	\$1,105,728
5a. Anticipated Expendituresw/o Waiver Implementation On a Por Member Por Month Basis Monthly Medicaid Enrollees FFY 2000 = 6,728 ⁴ (Line 5/Monthly Medicaid Enrollees)/12 months			\$12.64	\$13.17	\$13.70
6. Target Expenditures(-40%) (Line 5 *60%)	\$535,360	\$572,246	\$612,206	\$637,621	\$663,437
6a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 6/ Monthly Medicaid Enrollees)/12 months			\$7.58	\$7.90	\$8.22
7. Actual Expenditures	\$349,000	\$327,000			
8. Difference Between Anticipated w/o Waiver Implementation and Target or Actual Expenditures(Annual Savings) (Line 6 - Line 6, or Line 5 - Line 7)	\$543,267	\$626.744	\$408,137	\$425,214	\$442.291
Total Savings For Renewal Period Years 2003 & 2004 Qj -----					\$867,506

¹This was the amount listed in the evaluation of waiver, submitted to CMS September, 2001.

² Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Me SURS Information Retrieval System.
2001-02 Percentage Used by Fiscal Management Grup, Department of Health.
2003-04 Percentage is Program Staff's Conservative Estimate of Future Medicaid Spending.

³This represents unanticipated cost increases due to changes in utilization of transportation services.

⁴Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000
Source: On-line SURS Information Retrieval System
NA= Not Applicable

Ontario County Initiative

Year —————>	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services ²	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes In Transportation Utilization ³	NA	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	4.5%	11.7%	19.5%	24.5%	29.5%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1999 Year * Line 3)	554,953	\$142,878	\$238,130	\$299,189	\$360,248
5. Anticipated Expenditures w/o Waiver Implementation (Costs For 1999 Year + Line 4)	51276,134	\$1,364,059	1,459,311	\$1,520,370	\$1,581,429
5a. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2000 = 6,186 ⁴ (Line 5 Monthly Medicaid Enrollees)/12 months			\$19.66	020.48	521.30
6. Target Expenditures (-5%) (Line 5 * 95%)	51,212,327	51,295,856	\$1,386,345	\$1,444,351	\$1,502,357
6a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 6 Monthly Medicaid Enrollees)/12 months			\$18.68	\$19.46	\$20.24
7. Actual Expenditures	\$963,000	0963,000			
8. Difference Between Anticipated w/o Waiver Implementation and Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6 or Line 5 - Line 7)	5313,134	\$401,059	\$72,966	\$76,018	\$79,071
Total Savings For Renewal Period Years 2003 & 2004 Only					\$155,090

¹This was the amount listed in the evaluation of waiver, submitted to CMS September, 2001.

² Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.
2001-02 Percentage Used by Fiscal Management Group, Department of Health.
2003-04 Percentage is Program Staff's Conservative Estimate of Future Medicaid Spending.

³ This represents unanticipated cost increases due to changes in utilization of transportation services.

⁴Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000
Source: On-line SURS Information Retrieval System
NA= Not Applicable

Steuben County Initiative

Costs Prior to Startup Year. 2001 \longrightarrow \$564,633

Year \longrightarrow	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services ¹	7.8%	5.0%	5.0%
2 Annual % Increase Due to Changes in transportation Utilization ²	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	7.8%	12.8%	17.8%
4 NYSDOH Medicaid Annual % Increase Adjustment (Costs Prior to Startup * Line 3)	\$44,041	\$72,273	\$100,505
5 Anticipated Expenditures w/o Waiver Implementation (Costs Prior to Startup * Line 4)	\$608,675	\$636,906	\$665,138
5a. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2000 = 11,160 ³ (Line 5/ Monthly Medicaid Enrollees)/12 months	\$4.55	\$4.76	\$4.97
6 Target Expenditures (-5%) (Line 5 * 5%)	\$578,241	\$605,061	\$631,881
6a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 5/ Monthly Medicaid Enrollees)/12 months	\$4.32	\$4.52	\$4.72
7. Difference Between Anticipated w/o Waiver implementation and Target Expenditures (Annual Savings) (Line 5 - Line 6)	\$30,434	\$31,845	\$33,257
Total Savings For Renewal Period Years 2003 & 2004 Only \longrightarrow			\$65,102

Orange County Ambulette and Taxi Initiative

Costs Prior to Startup Year, 2001 -----> \$4,160,902

Year ----->	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services ¹	7.8%	5.0%	5.0%
2 Annual % Increase Due To Changes in Transportation Utilization ¹	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	7.8%	12.8%	17.8%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs Prior to Startup + Line 3)	\$324,550	\$532,595	\$740,641
5. Anticipated Expenditures w/o Waiver Implementation (Costs Prior to Startup + Line 4)	\$4,485,452	54,693,497	\$4,901,543
5a. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2000 = 34,499 ² (Line 5/ Monthly Medicaid Enrollees)/12 months	\$10.83	\$11.34	\$11.84
6 Target Expenditures (-15%) (Line 5 * 85%)	\$3,812,635	\$3,989,473	\$4,166,311
6a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 6/ Monthly Medicaid Enrollees)/12 months	\$9.21	\$9.64	\$10.06
7. Difference Between Anticipated w/o Waiver Implementation and Target Expenditures (Annual Savings) (Line 5 - Line 6)	\$672,818	\$704,025	\$735,231
Total Savings For Renewal Period Years 2003 & 2004 Only ----->			\$1,439,256

¹ 2002 Percentage Used by Fiscal Management Group, Department of Health.
² 2003-04 Percentage is Program Staffs Conservative Estimate of Future Medicaid Spending.
This represents unanticipated cost increases due to changes in utilization of transportation services
Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000
Source: On-line SURS Information Retrieval System
NA= Not Applicable

Orange County Dialysis Initiative

Anticipated Expenditures w/o Waiver, 1999¹ → \$1,146,098

Year _____	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services ²	4.5%	7.2%	7.8%	5.0%	5.0%
2. Annual % Increase Due To Changes In Transportation Utilization ³	NA	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	4.5%	11.7%	19.5%	24.5%	29.5%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs Prior to Startup * Line 3)	\$51,574	\$134,093	\$223,489	\$280,794	\$338,099
5. Anticipated Expenditures w/o Waiver Implementation (Costs Prior to Startup + Line 4)	\$1,197,672	\$1,280,191	1,369,587	\$1,426,892	\$1,484,196
5a. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2000 = 34499 ⁴ (Line 5 / Monthly Medicaid Enrollees / 12 months)			\$3.31	\$3.45	\$3.59
6. Target Expenditures (-60%) (Line 5 * 40%)	\$479,089	\$512,076	\$547,835	\$570,757	\$593,679
6a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 6 / Monthly Medicaid Enrollees / 12 months)			51.32	\$1.38	\$1.43
7. Actual Expenditure ⁸	\$138,548	\$301,040			
8. Difference Between Anticipated w/o Waiver Implementation and Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$1,059,124	\$979,151	\$821,752	\$856,135	\$890,518
Total Savings For Renewal Period Years 2003 & 2004 Only					\$1,746,653

¹ This was the amount listed in the evaluation of waiver, submitted to CMS September, 2001

² Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.

2001-02 Percentage Used by Fiscal Management Group, Department of Health.

2003-04 Percentage is Program Staff's Conservative Estimate of Future Medicaid Spending.

³ This represents unanticipated cost increases due to changes in utilization of transportation services.

⁴ Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000

Source: On-line SURS Information Retrieval System

NA= Not Applicable

Orange County ~~Westchester~~ Medical Center initiative

Contracted Amount First Year of Operation, 1992 —→ \$215,030

Year —→	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services¹	59.2%	7.2%	7.8%	5.0%	5.0%
2 Annual % Increase Due To Changes in Transportation Utilization²	NA	NA	NA	NA	NA
3 Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	59.2%	66.4%	74.2%	79.2%	84.2%
4. NYSDOH Medicaid Annual % Increase Adjustment (First Year Contract Costs * Line 3)	\$127,298	\$142,780	\$159,552	\$170,304	\$181,055
5. Anticipated Expenditures With Inflation Increase (First Year Contract Costs + Line 4)	\$342,328	\$357,810	6374,582	\$365,334	\$396,085
5a. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2000 = 34,499³ (Line 5/ Monthly Medicaid Enrollees)/12 months			\$0.90	\$0.93	\$0.96
6. Target Expenditures (40%) (Line 5 * 60%)	NA	NA	6224,749	\$231,200	\$237,651
6a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 6/ Monthly Medicaid Enrollees)/12 months			\$0.54	\$0.56	\$0.57
7. Actual Expenditures	\$132,858	6134,900			
8. Difference Between Anticipated With Inflation Increase and Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6, or Line 5 - Line 7)	\$209,470	5222,910	5149,833	\$154,134	\$158,434
Total Savings For Renewal Period Years 2003 & 2004 Only —→					\$312,568

¹ Percent increase from FFY 1992-2000 is all Medicaid expenditures, Source: NYSDOH On-Line SURS information Retrieval System
2001-02 Percentage Used by Fiscal Management Group, Department of Health.
200344 Percentages Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

³ Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000
Source: On-line SURS Information Retrieval System
NA= Not Applicable

Cortland County Initiative

ContractedAmountFirst Year of Operation, 1994—————> \$357,000

Year —————>	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services ¹	16.8%	7.2%	7.8%	5.0%	5,096
2 Annual % Increase Due To Changes In Transportation Utilization ²	NA	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	16.8%	24.0%	31.8%	36.8%	41.8%
4. NYSDOH Medicaid Annual % Increase Adjustment (First Year Contract Costs * Line 3)	559,976	\$85,680	5113,526	5131.376	\$149,226
5. Anticipated Expenditures With Inflation increase (First Year Contract Costs + Line 4)	\$416,976	\$442,680	\$470,526	\$488,376	\$506,226
5a. Anticipated Expenditures w/o Waiver implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2000 = 5,267 ³ (Line 5/ Monthly Medicaid Enrollees)/12 months			\$7.44	\$7.73	\$8.01
6 Target Expenditures (4%) (Line 5 * 95%)	NA	NA	\$447,000	\$463,957	\$480,915
6a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 6/ Monthly Medicaid Enrollees)/12 months			\$7.07	57.34	\$7.61
7. Actual Expenditures	\$327,000	\$327,000			
B Difference Between Anticipated With Inflation Increase and Target or Actual Expenditures (Annual Savings) (Line 5 - Line 6 or Line 5 - Line 7)	\$89,976	\$115,680	\$23,526	\$24,419	\$25,311
Total Savings For Renewal Period Years 2003 & 2004 Only —————>					\$49,730

¹ Percent increase from FFY 1994-2000 is all Medicaid expenditures. source: NYSDOH On-Line SURS Information Retrieval System.
2001-02 Percentage Used by Fiscal Management Group, Department of Health.
2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

³ Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000
Source: On-line SURS Information Retrieval System
NA= Not Applicable

Chemung County Initiative

Actual Expenditures Year 2000 -----> \$662,902

Year -----	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services ¹	7.2%	7.8%	5.0%	5.0%
2 Annual % Increase Due to Changes In Transportation Utilization ²	NA	NA	NA	NA
3. Cumulative Medicaid Annual % Increase (Consecutive Summation of either Line 1 or, if applicable, Line 2)	7.2%	15.0%	20.0%	25.0%
4. NYSDOH Medicaid Annual % Increase Adjustment (Costs For Year 2000 * Line 3)	\$49,169	5102,435	\$136,580	\$170,726
5. Anticipated Expenditures With Inflation Increase (Costs For year 2000 + Line 4)	\$732,071	\$785,337	\$819,482	\$853,628
5a. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2000 = 11,383 ³ (Line 5/ Monthly Medicaid Enrollees)/12 months		\$5.75	\$6.00	\$6.25
6 Target Expenditures (-5%) (Line 5 * 95%)	NA	\$746,070	\$778,508	\$810,946
6a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 6/ Monthly Medicaid Enrollees)/12 months		\$5.46	\$5.70	\$5.94
7. Actual Expenditures	\$716,625			
8. Difference Between Anticipated With Inflation Increase and Target or Actual Expenditures (Annual Savings) (Line 5 + Line 6, or Line 5 + Line 7)	\$15,446	\$39,267	\$40,974	\$42,681
Total Savings For Renewal Period Years 2003 & 2004 Only -----				\$83,655

¹ Percent increase from FFY 2001-02 Percentage Used by Fiscal Management Group. Department of Health.
2003-04 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

² This represents unanticipated cost increases due to changes in utilization of transportation services.

³ Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000
Source: On-line SURS Information Retrieval System
NA= Not Applicable

Oswego County ve ization Analysis

Year ----->	2000	2001	2002	2003	2004
1. AnticipatedCost Per Trip With inflation Increase	\$30	\$30	\$33	\$33	\$33
2 Actual Or Target Cost Par Trip (-20%) (Line 1 * 80%)	\$21	\$21	521	\$26	\$26
3. Actual or Anticipated One Way Trips	55,984	53,804	54,000	54,000	54,000
4. Anticipated Expenditures w/o Waiver Implementation (Line 1 * Line 3)	\$1,679,520	\$1,614,120	\$1,782,000	\$1,782,000	\$1,782,000
5. Actual or Target Expenditures (Line 2 * Line 3)	51,175,664	\$1,129,884	51,134,000	\$1,404,000	\$1,404,000
5a. Anticipated Expendituresw/o Waiver Implementation On a Per Member Per Month Basis Monthly MedicaidEnrollees FFY 2000 = 13,370 ⁴ (Line 5/ Monthly MedicaidEnrollees)/12 months	57.33	57.04	\$7.07	\$8.75	\$0.75
6. Difference BetweenAnticipated w/o Waiver Implementation and Actual or Target Expenditures (Annual Savings) (Line 4 - Line 5)	\$503,856	\$484,236	\$648,000	\$378,000	\$378,000
6a. Anticipated Expenditureswlth Waiver implementation On a Per Member Per Month Basis (Line 6/ Monthly MedicaidEnrollees)/12 months	\$3.14	\$3.02	\$4.04	\$2.36	\$2.36
Total Savings For Renewal Period Years 2003 & 2004 Only----->					\$756,000

¹This was the amount listed in the evaluation of waiver, submitted to CMS September, 2001.

² Percent increase from FFY 1999-2000 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.

2001-02 Percentage Used by Fiscal Management Group, Department of Health.

2003-04 Percentage is Program Staff's Conservative Estimate of Future Medicaid Spending.

³ This represents unanticipated cost increases due to changes in utilization of transportation services.

⁴Average Monthly Medicaid Enrollees, Federal Fiscal Year 2000

Source: On-line SURS Information Retrieval System

Attachment C

Revised Savings Table

